## This Form is for INTERNAL PTO USE ONLY. It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/333724

Total Fee Calculation									
		Fee Code	Total . # Claims	Number Extra	X	Fc≎	Fee =	=	Total
		Sm/Lg.				Sm. Entity	Lg. Entity		1041
٠.	Basic Filing Fee	201/101				·	760.	=	760
	Total Claims >20	203/103	27 -20=	7	x		18 =		120
	Independent Claims >3	202/102		1	x	<del></del>	70	-	78
	Mult Dep Claim Present	204/104							10
	Surcharge	205/105	· .						130
	English Translation	139						•	130
٠	TOTAL FEE CALCULA	NOITI					· •		1094 *
	Fees due upon filing the	he application:				•			
	Total Filing Fees Due	= \$	1,094.	w	_				
	Less Filing Fees Subm	uitted -\$	<u></u>			•			
	BALANCE DUE	= \$	1,094.	<u> </u>	_				
	Office of Initial Patern	Examination					•		

FORM OPE-RAM-01 (Rev. 12/97)